EXHIBIT 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

UNITED STATES OF AMERICA ex rel. VEN-A-CARE OF THE FLORIDA KEYS, INC., a Florida corporation, by and through its principal officers and directors, ZACHARY T. BENTLEY and T. MARK JONES, Plaintiff, v. ABBOTT LABORATORIES, INC. and HOSPIRA, INC., Defendants.	Case No.: 06-CV-21303-ASG Hon. Alan S. Gold

DEFENDANT ABBOTT LABORATORIES INC.'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS AND TANGIBLE THINGS TO PLAINTIFF UNITED STATES OF AMERICA

Defendant Abbott Laboratories, Inc. ("Abbott"), pursuant to Rule 34 of the Federal Rules of Civil Procedure, requests that Plaintiff the United States of America produce the documents requested herein by making them available for inspection and copying at the offices of Jones Day, 51 Louisiana Ave., NW, Washington, DC 20001, or at such other place and in such manner as may be mutually agreed upon between counsel for the parties, within thirty (30) days from the date of service of these Requests.

DEFINITIONS

1. "Abbott" means Abbott Laboratories, Inc. and Abbott Laboratories and any of their past or present officials, officers, representatives, agents, assigns, attorneys, employees, divisions, departments, agencies, affiliates, subsidiaries, and all other persons or entities acting or purporting to act on their behalf or under their control.

Medicaid, including but not limited to Medicare Part B Newsletters, Program Memoranda, National Coverage Decisions, Local Medical Review Policies, Bulletins, meetings, seminars, circulars, governmental reports, or any transmission of data.

13. All State Medicaid Program plans, under 42 U.S.C. § 1396(a), and other documents concerning how Medicaid Intermediaries or State Medicaid Programs calculated or determined payment amounts for the Subject Drugs or the Equivalent Drugs, including all policy and procedure manuals, proposals, drafts, and working papers.

14. To the extent not requested above, all Documents concerning the methodologies, policies, and procedures to be used in determining payment for drugs under Medicare Part B or Medicaid. Such documents should include the source (*e.g.*, Red Book, Blue Book, Medispan) of AWP, WAC, or other figure if reimbursement was based on such figures.

15. All Documents concerning how State Medicaid Programs paid 340B Providers for supplying or administering drugs to Medicaid beneficiaries.

16. For each quarter during the Relevant Claim Period, Documents sufficient to identify the Federal Medical Assistance Percentage ("FMAP") applicable to each State Medicaid Program.

17. For each quarter during the Relevant Claim Period, Documents sufficient to show how Medicare Carriers or Medicaid Intermediaries calculated any FUL applicable for the Subject Drugs or the Equivalent Drugs.

18. From January 1, 1965 to the end of the Relevant Claim Period, all Documents concerning any audit, report, study, analysis, or survey (whether completed or not) concerning the differences in the amounts that Medicare Carriers or Medicaid Intermediaries paid for the Subject Drugs or Equivalent Drugs under Medicare Part B or Medicaid, including but not limited to all Documents concerning differences in how Medicare Carriers or Medicaid Intermediaries calculated the median AWP or "lowest branded AWP." *See* 42 C.F.R. 405.517(c).

Category 3: Government Drug Payment Analyses and Contracts

19. From January 1, 1965 to the end of the Relevant Claim Period, all Communications involving any Person working for or on behalf of the U.S. Government, any state government or State Medicaid Program, MedPac, NAMFCU or any MFCU, any Provider, any Publisher, or any Manufacturer concerning (i) the methodologies, policies, and procedures to be used in determining payment for drugs under Medicare Part B or Medicaid, (ii) drug pricing, or (iii) the acquisition costs of Providers for drugs.

20. From January 1, 1965 to the end of the Relevant Claim Period, all Documents relating to any report, memorandum, audit, study, analysis, or survey (whether completed or not) concerning (i) the methodologies, policies, and procedures to be used in determining

reimbursement for drugs under Medicare Part B or Medicaid, (ii) drug pricing, or (iii) the acquisition costs of Providers for drugs, including but not limited to the reports included on the attached Schedule A.

21. Documents, such as distribution lists, sufficient to show every Person who was sent or received any of the reports identified in response to Request No. 20, including but not limited to those listed on Schedule A.

22. From January 1, 1965 to the end of the Relevant Claim Period, all Documents that mention, refer to, or discuss the relationship between AWP, WAC, List Price, Direct Price or any other figure and (i) the actual or average acquisition cost of Providers and/or (ii) the amount paid by Medicare Part B or Medicaid.

23. All Documents identified in Attachment B to Joan M. Hollenbach's February 20, 2004 letter to Joshua T. Buchman, Esq. (copy attached at Tab 1).

24. All Documents concerning the revised AWP data referred to in Program Memorandum AB-00-86, *An Additional Source of Average Wholesale Price Data in Pricing Drugs and Biologicals Covered by the Medicare Program*, including all drafts, working papers, transmittal letters, notes, edits, and supporting data.

25. From any time period, all Documents from the files of the following individuals concerning drug pricing, drug reimbursement under Medicare or Medicaid, or the actual or average acquisition costs of Providers:

(a) Dr. Bruce Vladeck (CMS);
(b) Dr. Donna E. Shalala (CMS);
(c) Thomas A. Scully (CMS);
(d) Robert Neiman (CMS/HCFA);
(e) Gail Wilensky (CMS/HCFA);
(f) Kathleen Buto (CMS/HCFA);
(g) Bernie Patashnek (CMS/HCFA);
(h) Stanley Weintraub (CMS/HCFA);
(i) Tom Ault (CMS/HCFA);
(j) Charles Booth (CMS/HCFA);
(k) Ira Burney (CMS/HCFA);
(l) Mike Hash (CMS/HCFA);
(m) Richard Kucerow (HHS-OIG);
(n) Dr. Barton McCann (HHS-OIG);
(o) June Gibbs Brown (HHS-OIG);
(p) Dr. Jack Hoadley (HHS/HCFA);
(q) Mark B. McClellan (CMS);
(r) Peter Rodler (CMS/HCFA);
(s) Robert Helms (HHS);
(t) Don Hearn (CMS/HCFA);

any Manufacturer that the Manufacturer had failed to report prices for its products accurately, including but not limited to written documentation of the complaint.

122. Such Documents as will show when the U.S. Government, any State Medicaid Program, or any Medicare Carrier or Medicaid Intermediary first became aware of any Manufacturer reporting inflated drug prices and/or marketing the "spread" between payment under Medicare Part B or Medicaid and actual or average acquisition costs of Providers.

123. Such Documents as will show when the U.S. Government, any State Medicaid Program, or any Medicare Carrier or Medicaid Intermediary first informed Defendant or any Manufacturer of any concern that Manufacturers were reporting inflated drug prices and/or marketing the "spread" between payment under Medicare Part B or Medicaid and actual or average acquisition costs of Providers.

124. All Documents concerning efforts by the Plaintiff to mitigate the damages alleged in this case.

125. All Documents concerning any notice of this litigation that was circulated to any official, department, agency, or employee of the U.S. Government, any state government, or any member of Congress.

126. All Documents in the possession of agencies or agents of the U.S. Government previously withheld on privilege grounds that were responsive to Defendants' subpoenas or requests for documents in MDL 1456 and MDL 1430.

SCHEDULE A

1. Task Force on Prescription Drugs, the Office of Secretary, United States Department of Health, Education and Welfare – The Drug Makers and the Drug Distributor (Dec. 1968);

2. Task Force on Prescription Drugs, the Office of Secretary, United States Department of Health, Education and Welfare – Final Report (Feb. 1969);

3. GAO-HRD-36, "Programs to Control Prescription Drug Costs Under Medicare and Medicaid Should Be Strengthened" (Dec. 31, 1980);

4. HHS-OIG, "Title XIX of the Social Security Act, Limitation on Payment or Reimbursement for Drugs" (Sept. 1, 1984);

5. HCFA (Region IX), "EAC Survey Report, Hawaii Medicaid Program, EAC Patrol Initiative" (1986);

6. HHS-OIG, "Changes to the Maximum Allowable Cost Medicaid Drug Limit Could Save Millions (CAN 08-60203, Aug. 15, 1986);

7. GAO-RPT, "Medicare Prescription Drug Issues" (GAO/PEMD-87-20, July 16, 1987);

8. Majority Staff Report, Special Committee of Aging, United States Senate – "Prescription Drug Prices: Are We Getting Our Money's Worth?" (S. Rep. 101-49, 1989);

9. HHS-OIG, "Use of Average Wholesale Price in Reimbursing Pharmacies Participating in Medicaid and the Medicare Prescription Drug Program" (A-06-89-0037, Oct. 1989);

10. HHS-OIG, "Strategies to Reduce Medicaid Drug Expenditures" (Draft Report) (OEI-12-90-00800, Sept. 6, 1990);

11. HHS-OIG, "Strategies to Reduce Medicaid Drug Expenditure" (OEI-12-90-00800, Mar. 1, 1991);

12. HHS-OIG, "Comparison of Reimbursement Prices for Multiple-Source Prescription Drugs in the United States and Canada" (OEI-03-91-000470, Aug. 1, 1991);

13. HHS-OIG, "Promotion of Prescription Drugs Through Payments and Gifts" (OEI-01-90-00480, Aug. 1, 1991);

14. HHS-OIG, "Medicaid Drug Rebates: Improvements Needed in the Health Care Financing Administration's Procedures to Implement the Medicaid Drug Rebate Program" (A-06-91-00102, Apr. 23, 1992);

15. HHS-OIG, “Medicaid Drug Rebates: Inaccurate Reporting of Medicaid Drug Data by Pharmacists” (A-06-91-00056, June 5, 1992);

16. HHS-OIG, “Prescription Drug Promotion Involving Payments and Gifts: Physicians' Perspectives” (OEI-01-90-00481, July 1, 1992);

17. GAO-RPT, “Prescription Drugs - Changes in Prices for Selected Drugs” (GAO/HRD-92-128, Aug. 24, 1992);

18. HHS-OIG, “Medicaid Drug Rebates: The Health Care Financing Administration Needs to Provide Additional Guidance to Drug Manufacturers to Better Implement the Program” (A-06-91-00092, Nov. 1992);

19. HHS-OIG, “Physicians’ Costs for Chemotherapy Drugs” (A-02-91-01049, Nov. 6, 1992);

20. GAO-HRD-93-55FS, “Medicaid: Outpatient Drug Costs and Reimbursements for Selected Pharmacies in Illinois and Maryland” (Mar. 18, 1993);

21. National Technical Information Service (U.S. Dep’t of Commerce), “Assessment of Adequacy of Reimbursement Rates to Pharmacies and Its Impact on the Access to Medication and Pharmacy Services by Medicaid Recipients,” Systemetrics, Inc., (National Technical Information Service (PB94-187689, Aug. 1993) (Kathleen Adams, Norma Gavin and David Kreling, authors);

22. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the California Department of Health Services” (May 1996);

23. HHS-OIG, “Review of Management Controls Over the Medicaid Prescription Drug Rebate Program” (A-06-92-00029, June 9, 1993);

24. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Montana Department of Public Health and Human Services” (July 1996);

25. HHS-OIG, “Audit of Arkansas Department of Human Services’ Medicaid Drug Prescription Drug Rebate Program” (A-06-93-00003, July 30, 1993);

26. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Florida Agency for Health Administration” (Aug. 1996);

27. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the North Carolina Department of Human Resources” (Sept. 1996);

28. HHS-OIG, "Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Delaware Department of Health and Human Service" (Sept. 1996);

29. HEHS-97-22R, "Medicare Drugs and Nutrient Prices" (Letter from Wm. Scanlon to Rep. Pete Stark) (Oct. 11, 1996);

30. HHS-OIG, "Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Virginia Department of Medical Assistance Services" (Nov. 1996);

31. HHS-OIG, "Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the New Jersey Department of Human Services" (Dec. 1996);

32. HHS-OIG, "Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Nebraska Department of Social Services" (Dec. 1996);

33. HHS-OIG, "Elimination of the Weighted Average Manufacturer Price Provisions of the Medicaid Outpatient Prescription Drug Rebate Program" (A-06-93-00070, Dec. 28, 1993);

34. GAO-RPT, "Prescription Drugs: Companies Typically Charge More in the United States Than in the United Kingdom" (Letter Report, 1/12/1994, GAO/HEHS-94-29);

35. GAO-RPT, "Prescription Drugs - Spending Controls in Four European Countries" (GAO/HEHS-94-30, May 17, 1994);

36. HHS-OIG, "OIG-RPT Medicaid Program Savings Through the Use of Therapeutically Equivalent Generic Drugs" (A-06-93-00008, July 7, 1994);

37. HHS-OIG, "Medicaid Drug Use Review Programs - Lessons Learned by States" (OEI-01-92-00800, May 1, 1995);

38. GAO-RPT, "Medicare - Excessive Payments for Medical Supplies Continue Despite Improvement" (GAO/HEHS-95-171, Aug. 8, 1995);

39. HHS-OIG, "Medicare Part B Reimbursement to Providers for Drugs Used in Conjunction with Durable Medical Equipment" (A-06-92-00079, Aug. 14, 1995);

40. HHS-OIG, "Medicare Payments for Nebulizer Drugs" (OEI-03-94-00390, Feb. 1, 1996);

41. HHS-OIG, "Appropriateness of Medicare Prescription Drug Allowances" (OEI-03-95-00420, May 1, 1996);

42. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Under Medicaid Program of California” (A-06-95-00062, May 31, 1996);

43. HHS-OIG, “Suppliers' Acquisition Costs for Albuterol Sulfate” (OEI-03-94-00393, June 1, 1996);

44. HHS-OIG, “A Comparison of Albuterol Sulfate Prices” (OEI-03-94-00392, June 1, 1996);

45. GAO-RPT, “Medicare Drug and Nutrient Prices” (Letter from William Scanlon to Representative Pete Stark)” (GAO/HEHS-97-22R, Oct. 11, 1996);

46. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the District of Columbia Department of Human Services” (Jan. 1997);

47. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Missouri Department of Social Services” (Jan. 1997);

48. HHS-OIG, “Review of Pharmacy Acquisition Costs for Drugs Reimbursed Under the Medicaid Prescription Drug Program of the Maryland Department of Health and Mental Hygiene” (Feb. 1997);

49. HHS-OIG, “Questionable Practices Involving Nebulizer Drug Therapy” (OEI-03-94-00391, Mar. 1, 1997);

50. HHS-OIG, “Medicaid Pharmacy – Actual Acquisition Cost of Prescription Drug Products for Brand Name Drugs” (A-06-96-00030, Apr. 1997);

51. GAO-RPT, “Drug Prices - Effects of Opening Federal Supply for Pharmaceuticals Are Uncertain” (GAO/HEHS-97-60, June 11, 1997)

52. HHS-OIG, “Medicaid Pharmacy – Actual Acquisition Cost of Generic Prescription Drug Products” (A-06-97-00011, Aug. 1997);

53. HHS-OIG, “Excessive Medicare Payments for Prescription Drugs” (OEI-03-97-00290) (Dec. 1997);

54. HHS-OIG, “Need to Establish Connection Between the Calculation of Medicaid Drug Rebates and Reimbursement for Medicaid Drugs” (A-06-97-00052, May 1998);

55. GAO-RPT, “Medicare - Need to Overhaul Costly Payment System for Medical Equipment and Supplies” (GAO/HEHS-98-102, May 12, 1998);

56. HHS-OIG, “Impact of High Priced Generic Drugs on Medicare and Medicaid” (OEI-03-97-00510, July 1, 1998);

57. HHS-OIG, "Audit of Utilization of the Public Health Service 340B Drug Pricing Program" (A-01-98-01500, July 6, 1998);

58. HHS-OIG, "Comparing Drug Reimbursement: Medicare and Department of Veterans Affairs" (OEI-03-97-00293, Nov. 1998);

59. HHS-OIG, "OIG's Partnership Plan – Utah Division of Health Care Financing Reports on Medicaid Pharmacy Acquisition Costs of Brand Name and Generic Drugs" (May 1999);

60. T-HEHS/AIMD-00-99, "Prescription Drugs: Increasing Medicare Beneficiary Access and Related Implications" (Feb. 15, 2000);

61. T-HEHS/AIMD-00-100, "Prescription Drugs: Increasing Medicare Beneficiary Access and Related Implications" (Feb. 16, 2000);

62. GAO/HEHS-00-118, "Prescription Drugs – Expanding Access to Federal Prices Could Cause Other Price Changes" (Aug. 7, 2000);

63. GAORPT, "United States Prescription Drug Pricing and Reimbursement Policies" (John Hansen, GAO) (Oct. 1, 2000);

64. GAO-01-175R, "Drug Prices Paid by DOD and VA are, On Average, Lower Than Those Certified to HCFA as Best Price" (Letter from R.H. Hast, GAO Office of Special Investigations to Rep. H. Waxman) (Oct. 31, 2000);

65. HHS-OIG, "Medicare Reimbursement of Prescription Drugs" (OEI-03-00-00310, Jan. 2001);

66. HHS-OIG, "Medicaid Pharmacy – Actual Acquisition Price of Brand Name Prescription Drug Products" (A-06-00-0023, Aug. 2001);

67. HHS-OIG, "Medicaid's Use of Revised Average Wholesale Prices" (OEI-03-00-00010, Sept. 2001);

68. GAO-01-1118, "Medicare-Payments for Covered Outpatient Drugs Exceed Providers' Costs" (Sept. 21, 2001);

69. GAO-01-1142T, "Medicare Part B Drugs: Program Payments Should Reflect Market Prices" (Sept. 21, 2001);

70. GAO-02-53, "Medicare Physician Fee Schedule, Practice Expense Payments to Oncologists Indicate Need for Overall Refinements" (Oct. 31, 2001);

71. HHS-OIG, "Review of Pharmacy Acquisition Cost for Drugs Under Medicaid Prescription Drug Program of West Virginia Department of Health" (A-06-01-00007) (Dec. 2001);

72. GAO-02-531T, "Medicare Outpatient Drugs: Program Payments Should Better Reflect Market Prices" (Mar. 14, 2002);

73. HHS-OIG, "Medicaid Pharmacy – Actual Acquisition Cost of Generic Prescription Drug Products" (A-06-01-00053) (Mar. 2002);

74. GAO-02-833T, "Medicare: Challenges Remain in Setting Payments for Medical Equipment and Supplies and Covered Drugs" (June 15, 2002);

75. the report prepared for CMS by PriceWaterhouseCoopers titled, "A Study of Pharmaceutical Benefit Management" (June 2001), referenced at 67 Fed. Reg. 10,285 (Mar. 6, 2002); and

76. GAO-05-102, "Medicaid Drug Rebate Program: Inadequate Oversight Raises Concerns about Rebates Paid to States" (Feb. 2005).